PATENT APPLICATION FEE DETERMINATION RECORD Application of Docket Number 0 12 3 32 8												
Effective October 1, 2000 /0007687-												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE C			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			20				1	RATE	FEE		RATE	FEE
			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
FOR TOTAL CHARGEABLE CLAIMS			27 minus 20=					X\$ 9=		OR	X\$18=	
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		•			X40=	 	OR	X80=	
	PENDENT CL		()	15 5 -					┼		.070-	
MULTIPLE DEPENDENT CLAIM PRESENT * If the difference in column 1 is less than zero, enter "0" in column								+135=		OR		61PA
• If	the difference		TOTAL		OR		7// 0					
CLAIMS AS AMENDED - PART II (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY												ENTITY
		(Column 3)	1		I ADDI-	1		ADDI-				
AMENDMENT A		CLAIMS REMAINING		NU	HEST MBER NOUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
		AFTER AMENDMENT			D FOR		l	Va 0	FEE	۱	X\$18=	
	Total	•	Minus	••		-	ł	X\$ 9=	╂	OF	` 	
	Independent	·	Minus	***	T CI AIM	<u> </u>	1	X40=	_	OF	X80=	
[FIRST PRESENTATION OF MULTIPLE DEPENDEN				NI CLAIM		j	+135=	l	OF	+270=	
								TOTA		OF	ADDIT. FE	
				100	lumn 2}_	(Column 3	4	ADUII. FC		-		
_		(Column 1) CLAIMS		H	GHE57	PRESENT	1		ADDI-	7	SATE	ADDI- TIONAL
AMENDMENT B		REMAINING AFTER		PRE	JMBER VIOUSLY	EXTRA	١	RATE	TIONAL FEE	1	RATE	FEE
		AMENDMEN	Minus		UD FOR	-	1	X\$ 9=		I_{o}	R X\$18=	.]
	Total	 	Minus	•••		-	1	X40=		7	Vena	
	Independent	ENTATION OF	1.	١	NT CLAIN	4		A40-	-	_ °		
L	FIRST PRESENTATION OF MULTIPLE DEPENDE							+135	=	_ 0		
TOTAL ADDIT. FEE										0	R ADDIT. F	
(Column 1) (Column 2) (Column 3)												
		CLAIMS		1	IGHEST IUMBER	PRESENT			ADDI		RATE	ADDI- TIONAL
FINERE		AFTER		PRI	EVIOUSLY AID FOR	EXTRA		RATE	FEE			FEE
	Tetal	AMENDMEN	Minus			=		X\$ 9	=	o	R X\$18	= /
	Total	 	Minus	 		=		X40		٦,	R X80	
	FIRST PRESENTATION OF MULTIPLE DEPE			EPENE	ENT CLA	IM 🔲		I ├──		1	070	_
-	+135=									—	R +270	TAL
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											ADDIT: I	
	"" If the "Highest	Number Previous Number Previous	ly Paid For IN T	HIS SP. or Inde	ACE is less pendent) is	than 3, enter 7 the highest nu	anb	er found in ti	ne appropriat	e box i	n column 1.	
1	ite unAugus	TOTAL CONTROL	•									

FORM PTO-875 (Rev. 8/00)

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